

213047532
11290

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 054	Agency Case No. B3-115771	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/16/2013		TIME OF ACCIDENT 1714	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1716	12/16/2013						
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 56TH ST/N ST - M ST			ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE					
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE						
D	IF AT INTERSECTION			IF NOT AT INTERSECTION							
4	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V1/M	S 56TH ST/N ST - M ST										
19	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
E	VEHICLE NO. 1										
1	DRIVER LICENSE NO.	H12531375			STATE (Of License)	NE					
V1/N	DRIVER	DANIEL R BAZAN			PHONE	308-352-8265					
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	11/18/1982					
1	OWNER	DANIEL R BAZAN / AUDRA C HARMS			PHONE	308-352-8265					
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	LB402808					
3	4001 S 35TH ST, LINCOLN, NE 68506			<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.						
H	LICENSE PLATE	PA NO.	RRB377	YEAR (Plate Expires)	2013	STATE (Of Plate) NE					
V1/O	VEHICLE	2004	Pontiac	MODEL	GP2	BODY STYLE	4 door Sedan	COLOR	black	ESTIMATED DAMAGE	\$ 1000
1	VEHICLE ID NO. (VIN)	2G2WS522X41155685			INSURANCE COMPANY			FARM BUREAU FINANCIAL SERVICE			
V2/O	TOWED TO	TOWED BY			POLICY NO.			2AH716B1			
1	VEHICLE NO. 2										
I	DRIVER LICENSE NO.	H12773408			STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1/P	DRIVER	YVONNE M BARTEK			PHONE	402-540-4117	LOCAL NO.				
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	06/01/1985	LOCAL NO.				
1	OWNER	CURTIS SMITH			PHONE	402-560-6933	LOCAL NO.				
J	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	07-24-1982	CITATION NO.				
01	2920 NW 7TH ST, LINCOLN, NE 68521			<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.						
V1/Q	LICENSE PLATE	PA NO.	SLB101	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE				
V2/Q	VEHICLE	2000	GMC	MODEL	DEN	BODY STYLE	Medium/large	COLOR	black	ESTIMATED DAMAGE	\$ 400
4	VEHICLE ID NO. (VIN)	1GKEK63RXR210615			INSURANCE COMPANY			USAA CAUALTY INS CO			
K	TOWED TO	TOWED BY			POLICY NO.			01485 50 12C			
01											
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX				
VEH. #	NAME	ADDRESS				Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
2	YVONNE M BARTEK	2920 NW 7TH ST, LINCOLN, NE 68521			06/01/1985	01	1	10	4	1	F
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.						
VEH. #	NAME	ADDRESS									
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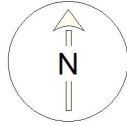
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-115771



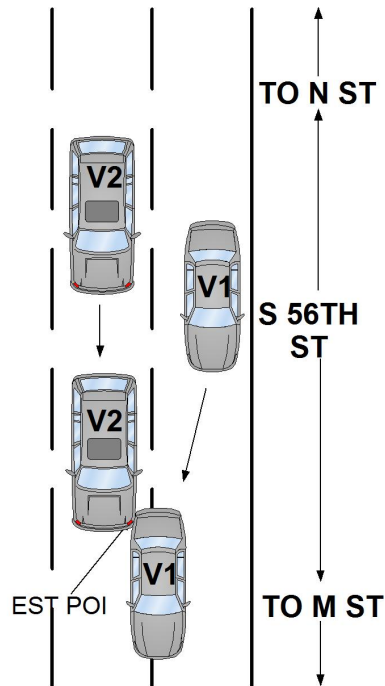
Indicate
North
by Arrow



APPROX WIDTH OF
S 56TH ST = 30 '

NO POI DUE TO VEHICLES
MOVED FROM SCENE AND
OFC UNABLE TO FIND ANY
DEBRIS TO ESTIMATE POI

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 stated she was SB on S 56th St in the middle lane approaching M St at approx. 38 mph. D2 said V1 was traveling SB in the lane to the East of her and there were two vehicles in front of it. D2 indicated when the second vehicle in front of V1 slowed to a stop to turn left at M St, the vehicle directly in front of V1 merged into the middle lane in front of her and 'cut' her off. D2 said V1 then began to merge right into her lane and struck her vehicle. D1 said he was SB on S 56th St starting to merge from the left lane to the middle lane at approx 35 mph. D1 said at the same time the vehicle directly in front of him quickly merged right into the middle lane. D1 indicated when that vehicle finished merging right, he suddenly saw a vehicle stopped approx 2 car lengths in front of him in the left lane with its left blinker on. D1 stated he did not have enough time/distance to stop, so he continued merging into the middle lane. D1 indicated as he ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																																													
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2																																																		
1		X			S 56TH ST																																																				
2		X			S 56TH ST																																																				
1	03				POINT OF IMPACT	04	POINT OF IMPACT	08	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		Y	Y	Y	ALCOHOL LEVEL TESTED	N	X	N																															
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OFFICER NO. 1652	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Nathan Kaiser		INVESTIGATOR SIGNATURE Approved by Nathan Kaiser	DATE OF REPORT 12/16/2013

11290

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./
District 054

Agency	
Case	
No.	B3-115771

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

12/16/2013

PLACE OF ACCIDENT

COUNTY

Lancaster

CITY Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

S 56TH ST/N ST - M ST

did this, he slowed down and V2 struck his vehicle.

OFFICER NO.

1652

TROOP/ TEAM/ BEAT	5
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5

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

Nathan Kaiser

INVESTIGATOR SIGNATURE

Approved by Nathan Kaiser

DATE OF
ACCIDENT

12/16/2013